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**APPLICANTS**

S. Christopher Bauer, New Haven, MO;  
 Mark Allen Abrams, St. Louis, MO;  
 Sarah Ruth Braford-Goldberg, St. Louis, MO;  
 Maire Helena Caparon, Chesterfield, MO;  
 Alan Michael Easton, Maryland Heights, MO;  
 Barbara Kure Klein, St. Louis, MO;  
 John P. McKearn, Glencoe, MO;  
 Peter O. Olins, Lafayette, CO;  
 Kumnan Paik, Wilmette, IL;  
 John W. Thomas, Town & Country, MO;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 08/764,114 12/09/1996 PAT 6,440,407  
 which is a CIP of 08/411,795 04/06/1995 PAT 5,604,116  
 which is a CIP of PCT/US93/11197 11/22/1993  
 which is a CIP of 07/981,044 11/24/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/30/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Winstead Sechrest & Minick P.C.  
 2400 Bank One Center  
 910 Travis Street  
 Houston, TX 77002

**TITLE**

Method of ex-vivo expansion of hematopoietic cells using interleukin-3 (IL-3) multiple mutation polypeptides

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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